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PTO/SB/50 (02-01)

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## REISSUE PATENT APPLICATION TRANSMITTAL

Address to:  <b>Mail Stop Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450</b>	Attorney Docket No.	<b>S1022.81083US01</b>
	<i>First Named Inventor or Application Identifier</i>	Jean DEVIN
	Original Patent Number	<b>5,950,224</b>
	Original Patent Issue Date (Month/Day/Year)	September 7 1999
	Express Mail Label No.	<b>EV 292 545 404 US</b>

APPLICATION FOR REISSUE OF:  Utility Patent  Design Patent  Plant Patent

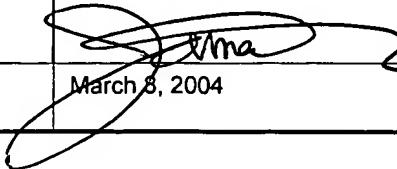
APPLICATION ELEMENTS (37CFR 1.173)		ACCOMPANYING APPLICATION PARTS
1. <input type="checkbox"/> Fee Transmittal Form (PTO/SB/56) <i>(Submit an original, and a duplicate for fee processing)</i>	10. <input type="checkbox"/> Statement of status and support for all changes to the claims. See 37 CFR 1.173(c)	
2. <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <ul style="list-style-type: none"> <li>a. <input type="checkbox"/> Ribboned Original Patent Grant</li> <li>b. <input type="checkbox"/> Statement of Loss (PTO/SB/55)</li> </ul>	
3. <input checked="" type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)	
4. <input checked="" type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	13. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input checked="" type="checkbox"/> Copies of IDS Citations	
5. <input type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 C.F.R. §1.175) (PTO/SB/51 or 52)	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)	
6. <input type="checkbox"/> Power Of Attorney	15. <input checked="" type="checkbox"/> Preliminary Amendment	
7. Original U.S. Patent currently assigned <input type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es)) <input type="checkbox"/> Written Consent of all Assignees (PTO/SB/53) <input type="checkbox"/> 37 C.F.R. §3.73(b) Statement (PTO/SB/96)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)	
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or larger table	17. <input type="checkbox"/> Other _____ _____	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary) a. <input type="checkbox"/> Computer Readable Form (CFR) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. Statements verifying identity of above copies		

18. CORRESPONDENCE ADDRESS

*Correspondence address below*

CUSTOMER NUMBER: **23628**

19. SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED

NAME	James H. Morris, Reg. No. 34,681
SIGNATURE	
DATE	March 8, 2004